National Interagency Fire Center BLM - Office of Fire and Aviation

WILDLAND FIRE MANAGEMENT INFORMATION (WFMI) SYSTEM FIRE REPORTING MODULE USER ACCESS REQUEST FORM

ACCESS REQUEST / INFORMATION CHANGE / TERMINATION REQUEST
(PLEASE CIRCLE ONE)

| Applican | t Informatio | n: | | | | | | | | | | | | | | | |
|--|--|---------------------|---------------------------------------|----------|----------|--------------|-------------|-----------|--------|--------------|--------|---------------|----------|-------------|-------|--------------|--------|
| Name: | <u> </u> | Title | | | | | | | | itle: | : | | | | | | |
| Email: | Last | | | Ph | | First | | - | | MI | FA | X: | <u>(</u> |) | | | |
| Bureau: | Region/S | | Reporting Unit/Park/Field Office: | | | | | | | | | | | | | | |
| Home Unit | Mailing Address | s: | | | | | | | | | | | | | | | |
| Do you curr | ently have a W | FMI account | t (i.e., We | ather, | Ligh | ıtning |)? Y | es | | 1 | No | | _ | | | | |
| If yes, w | hat is your WFI | MI Logon U | sername | (i.e., J | JDOE | Ξ, etc | .)? _ | | | | | | | | | | |
| Do you r | need access to | WFMI Light | tning? Y | es | | No | ວ | | | | | | | | | | |
| Employmen | nt status (please | check one) | : Federa | al Emp | oloye | e | | Contr | ract | or _ | | _ | | | | | |
| If this is a te | emporary assi | gnment (i.e. | ., detail), _l | orovide | e an | estin | nated | date of | f te | rmin | atior | n: _ | | | | _ | |
| Fire Repo | orting Acces | ss: | | | | | | | | | | | | | | | |
| Requesting Access for the Following Units: | | | | | | | | | | Functions | | | | | | | |
| Regi | ion/State | | Repo | rting l | Unit/ | <u>Fielo</u> | <u>Offi</u> | ce/Parl | k | | | | V | iew | Edit | <u>: L</u> | Export |
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| I certify tha | ation of Req t the above-list Official or have | ed individua | al needs a | àn acc | count | t on t | the V | √FMI F | ire | Rep | ortin | ıġ S | | | | | |
| Signature | | | | Date | | | | | | | E | Email Address | | | | | |
| | | Title | | | | | | | F | Phone Number | | | | | | | |
| | nitial to acknowle outer Systems. S Initials: | | | | | | L WF | | EF | REP | ORT | ING | MC | DDUI | LE US | ERS | |
| | This soot | ion for use by l | NIEC Help I | Josk etc | aff only | v (plec | se for | ward to N | MEC | · IT S | acurit | v Ma | nace | or) | | | |
| | THIS SECT | ioir ioi use by i | I I I I I I I I I I I I I I I I I I I | JESK SIA | all Offi | у (ріва | 36 1011 | walu lu N | VIII C | , 11 3 | Cuill | y ivia | ariage | 21 <i>)</i> | | | |

Please fax signed form to Roshelle Pederson at (208) 387-5179 or mail it to BLM-NIFC, Attn: Roshelle Pederson 3833 S. Development Avenue Boise, ID 83705

Date WFMI Account Created

WFMI Account Created By